Part-II

MaharashtraUniversityofHealthSciences, Nashik

**College Information for MUHStobepublishedonCollegeWebsite Academic Year 202.... - 202…...**

**FacultyofMedicine**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **NameoftheCollege/Institute** | : |  |
| a | NameofSociety/Trust | : |  |
| b | Address | : |  |
| c | EmailAddress | : |  |
| d | TelephoneNo.(s) | : |  |
| e | Website | : |  |
| f | DateofEstablishment | : |  |
| g | Status | : | Government/Corporation/Private |
| h | LetterofPermissionbyMedicalCouncilofIndia(UG) | : | LetterNo............Dated Intake: |
| **2** | **DetailsoftheDean/Principals** | : |  |
| a | NameoftheDean/Principal | : |  |
| b | NatureofAppointment | : | Approved/NotApproved |
| c | MobileNo. | : |  |
| d | OfficeLandline | : |  |
| e | E-mail | : |  |

1. **HospitalInformation:**
   1. **Generalinformation:**
      1. NameoftheHospital:………………………..
      2. Hospitalregistrationnumber: Dateofrenewalofregistration:

..…../……../…………

* + 1. NumberofBedsregistered asperBNHact:
    2. Totalconstructionareain squaremeters:
    3. MPCBclearance: Yes/No
    4. Fireaudit/clearance: Yes/No
  1. **OPD:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **Details** |
| 1 | OPDTimings |  |
| 2 | SeparateRegistrationareasformale/female,OPD/IPD |  |
| 3 | AretheRegistrationcounterscomputerized |  |
| 4 | No.ofregistrationcounters |  |
| **AssessorstoobtainandattachedprintoutoftheOPD/IPDdetailsfromcomputerisedsystemofat**  **least10randomlyselecteddatesoverpreviousoneyear.** | | |

* 1. **Casualty:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No.** | **Particulars** | **Requiredasper**  **MSR** | **No. available** |
| 1 | No.ofTeachingBeds(excludingICUBeds&  EmergencyBeds) |  |  |
| 2 | SeparateCasualtyOBGYbeds |  |  |
| 3 | CentralOxygen&suction |  |  |
| 4 | Monitors |  |  |
| 5 | Ambubag |  |  |
| 6 | UltrasonographyMachine |  |  |
| 7 | CrashCart |  |  |
| 8 | EmergencyDrugTray |  |  |
| 9 | Defibrillator |  |  |
| 10 | Ventilator |  |  |
| 11 | X-rayUnit–(Mobile)&X-rayStatic |  |  |
| 12 | Minor OT |  |  |

* 1. **DepartmentwiseFacilitiesavailableinOPD:**

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| **1** | **GeneralMedicine** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Separateinjectionroomsfor maleandfemale |  |
|  | ECGrooms |  |
| 2 | **GeneralSurgery** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Separatedressingroomsformaleandfemale |  |
|  | MinorOT |  |
| 3 | **Orthopedics** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Separatedressingroomsformaleandfemale |  |
|  | MinorOT |  |
|  | Plasterroom |  |
|  | Plastercuttingroom |  |
| 4 | **Ophthalmology** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Separatedressingroomsformaleandfemale |  |
|  | MinorOT |  |
|  | RefractionRoom |  |
| 5 | **ENT(Otorhinolaryngology)** |  |
|  | NumberofOPDexaminationrooms |  |
|  | Audiometry |  |
|  | MinorOT |  |
| 6 | **ObstetricsandGynecology** |  |
|  | NumberofOPDexaminationrooms |  |
|  | MinorOT |  |
|  | SeparateUSGroomwith functional USG machine |  |
| 7 | **Pediatrics** |  |
|  | NumberofOPDexaminationrooms |  |

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| 8 | **RespiratoryMedicine** |  |
|  | NumberofOPDexamination rooms |  |
| 9 | **Psychiatry** |  |
|  | NumberofOPDexaminationrooms  (Ifindoorfacilitiesareavailablethen“Mental HealthAct Registration” details to be attached.) |  |
| 10 | **DVL(Skin)** |  |
|  | NumberofOPDexaminationrooms |  |

* 1. **CentralClinicalLaboratory:TotalArea sq.mtr.**

|  |  |  |
| --- | --- | --- |
| **Sr.No** | **Particulars** | **Details** |
| 1 | Hematology |  |
| 2 | Histopathology |  |
| 3 | Cytopathology |  |
| 4 | ClinicalPathology |  |
| 5 | Serology |  |
| 6 | Bacteriology |  |
| 7 | Virology |  |
| 8 | Parasitology |  |
| 9 | Biochemistry |  |
| 10 | Anyother |  |

* 1. **Radio-Diagnosis(ifanyofthefacilityisoutsourced,pleasementionitspecifically)**

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **NumberAvailable** |
| 1 | X-ray machines | 60mA: |
|  | 100mA: |
|  | 300mA: |
|  | 600mA: |
|  | 800mA: |
|  | Anyother: |
|  | IITVfacility: |
| 2 | Number of USG machines (exclusivelyinradiodiagnosis department.)  [USGMachinesinOT,ObGyOPD, Casualty, Cardiology department  etcshouldnotbecounted] |  |
| 3 | CT(minimum16sliceistobe considered) |  |
| 4 | MRI |  |
| 5 | Mammography |  |
| 6 | Anyotherfacility |  |

* 1. **ListofInstrumentsinCCL:**
  2. **OperationTheatres:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departments** | **No.of OTs** | **CentralOxy**  **/Nitrous Oxide Y/N** | **Anaesthesia Machine Y/N** | **Multipara Monitorwith Capnograph**  **Y/N** | **Defibrillators Y/N** | **Infusion Pumps Y/N** |
| Gen.Surgery |  |  |  |  |  |  |
| ENT |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |
| Emergency |  |  |  |  |  |  |
| Septic |  |  |  |  |  |  |
| AnyOther |  |  |  |  |  |  |
| TotalNo.ofOTS |  |  |  |  |  |  |

* 1. **IntensiveCareUnits:**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Type** | **No.of Beds** |
| 1 | ICCU |  |
| 2 | ICU |  |
| 3 | SICU |  |
| 4 | NICU |  |
| 5 | PICU |  |
| 6 | Anyother |  |

* 1. **LabourRoom:**

|  |  |
| --- | --- |
| Rooms | Details |
| Numberoflabourroomsavailableforcleancases |  |
| SeparatelabourroomforSepticCases |  |
| Eclampsiaroom |  |
| Average Number of daily deliveries including LSCS (Verify with local authorities registration, and checking of past Indoor case papers for all deliveries in any random day etc) |  |

* 1. **BloodCentre:**

A)Licensevalidupto . (Pleaseattachacopyoflicense)

1. BloodSeparationFacility– Available/Notavailable
2. AverageNoofunitsdispensedperday:……………………….
3. No.ofunitsavailableonthedayofAssessment:…………………………..
   1. **CSSD:**

|  |  |
| --- | --- |
| **Particulars** | **Details** |
| NumberofVerticalandHorizontalautoclaves |  |
| ETO |  |
| Anyotherinstrument |  |
| Separatesepticanasepticarea |  |
| Separatereceivinganddistributingpoints |  |

* 1. **IndoorPatientDepartment:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **Beds and Units**  **Required (IncludingUG and PG)** | **Bedsand Units Available** | **Nursing Station Y/N** | **Exam/Treat Room Y/N** | **Store Room Y/N** | **Duty Room Y/N** | **DemoRoom(25 Capacity) Y/N** |
| Gen.Medicine |  |  |  |  |  |  |  |
| Paediatrics |  |  |  |  |  |  |  |
| Respiratory Medicine |  |  |  |  |  |  |  |
| Psychiatry |  |  |  |  |  |  |  |
| Dermatology |  |  |  |  |  |  |  |
| Gen.Surgery |  |  |  |  |  |  |  |
| Orthopaedics |  |  |  |  |  |  |  |
| Ophthalmology |  |  |  |  |  |  |  |
| E.N.T. |  |  |  |  |  |  |  |
| Obst.&Gynae. |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

* 1. **ClinicalMaterial:**

(For verifying OPD and attendance indoor occupancy, at least five random dates within last six month sis to be selected and all indoor case papers of new admissionson those dates should be verified in MRD) Evidence to be attached with the report.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Particulars** | **AverageDaily**  **(Onselected dated)** | | | | | |
| O.P.D.attendance |  |  |  |  |  |  |
| Casualtyattendance |  |  |  |  |  |  |
| Numberofnewadmissions |  |  |  |  |  |  |
| Numberof discharges |  |  |  |  |  |  |
| Bedoccupancy%  (Availablebeds\*100/Totalrequiredbeds) |  |  |  |  |  |  |
| OperativeWork |  |  |  |  |  |  |
| Numberofmajorsurgical operations |  |  |  |  |  |  |
| Numberofminor surgical  operations |  |  |  |  |  |  |
| Numberofnormal deliveries |  |  |  |  |  |  |
| Numberofcaesarian sections |  |  |  |  |  |  |
| RadiodiagnosisInvestigations |  | | |  | | |
| (Numberofpatients) |  | | |  | | |
| X-ray |  | | |  | | |
| Specialinvestigations |  | | |  | | |
| Ultrasonography |  | | |  | | |
| C.T.Scan |  | | |  | | |
| MRI |  | | |  | | |
| Mammography |  | | |  | | |
| LaboratoryInvestigations–No.ofPatients | O.P.D. | | | I.P.D. | | |
| Hematology |  | | |  | | |
| Histopathology |  | | |  | | |
| Cytopathology |  | | |  | | |
| ClinicalPathology |  | | |  | | |
| Serology |  | | |  | | |
| Bacteriology |  | | |  | | |
| Virology |  | | |  | | |
| Parasitology |  | | |  | | |
| Biochemistry |  | | |  | | |
| Anyother |  | | |  | | |

* 1. **OtherinfrastructuralfacilitiesinHospital:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Available** |
| 1 | Pharmacy |  |
| 2 | CentralWorkshop |  |
| 3 | CentralResearchLab |  |
| 4 | Canteen/Mess |  |
| 5 | CentralIncinerationPlant/HospitalWaste |  |
| 6 | Kitchen |  |
| 7 | IntercomNetwork |  |
| 8 | ComputerizedMRDICDXindexing |  |
| 9 | CentralLaundry |  |
| 10 | Ambulance:Owned/Hired |  |

1. **Collegeinformation**
   1. **CentralLibrary:**

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **Available** |
| 1 | Area |  |
| 2 | Air-conditioned |  |
| 3 | Readingroomsforstudents(Numbersofroomswithseatingcapacityineach) |  |
| 4 | Staffreadingroom |  |
| 5 | Spaceforstockinganddisplayofbooksandjournals |  |
| 6 | RoomsforlibrarianandotherStaff; |  |
| 7 | JournalRoom |  |
| 8 | Numberofcomputerswithinternetfacility |  |
| 9 | TotalNumberofbooks: |  |
| 10 | NumberofJournals:(Titlesonly)(Multiplevolumes/issuesofonetitleshould be counted as ONE) |  |
| 11 | Numberofbooksaddedinlastyear: |  |
| 12 | NumberofJournalstitlesaddedinlastyear: |  |

* 1. **Lecturetheatres:**
     1. Numberoflecturetheatresrequiredatthisstageof

renewal:Collegebuilding: , Hospitalbuilding:\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Detailsoflecturetheaters** | **AreaAvailable** | **AV**  **Aids** | **Gallery type** | **Whether enabledfor e- learning** | **Whetherdigitally linked with all teachingareas** |
| **(Yes/No)** |
| 1 | Lecturetheatre-1 |  |  |  |  |  |
| 2 | Lecturetheatre-2 |  |  |  |  |  |
| 3 | Lecturetheatre-3 |  |  |  |  |  |
| 4 | Lecturetheatre-4 |  |  |  |  |  |
| 5 | Hospitalbuildinglecture theatre(if applicable) |  |  |  |  |  |

* 1. **TeachingRooms(SmallGroup):**

|  |  |  |
| --- | --- | --- |
| **Sr.No.** | **Particulars** | **NumberAvailable** |
| 1 | Capacityof 50students | 5 |
| 2 | Capacityof 25students | 3 |

* 1. **StudentPracticalLaboratory:**

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No** | **Laboratory** | **Available** |
| 1 | Histology | Available |
| 2 | ClinicalPhysiology |  |
| 3 | Biochemistry |  |
| 4 | Histopathology&cytopathology |  |
| 5 | Clinicalpathology&Hematology |  |
| 6 | Microbiology |  |
| 7 | ClinicalPharmacology |  |
| 8 | ComputerAssistedLearning(CAL)inPharmacology. |  |

* 1. **Museum:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Department** | **Area** | **Audio-visual aids** | **Internet facility digitally linked to all other Teaching areas** |
| 1 | Anatomy | Adequate | Available | Not Available |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

* 1. **SkillsLaboratory:**
     1. Rooms/Space:

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** | **NumberAvailable** |
| 1 | Number of rooms available for examinationof  patientsorstandardized/simulatedpatients |  |
| 2 | Roomfordemonstrationofskillstosmallgroups |  |
| 3 | Areaforreviewordebriefing area |  |
| 4 | Roomsforfacultycoordinatorandsupportstaff |  |
| 5 | Adequate space for storage ofmannequins and/or other equipment |  |
| 6 | stationsforpracticingskills |  |

* + 1. Facilityforvideorecordingandreviewofinteraction(feedback):
    2. Teachingareashaveinternetfacilitywithenabledfore-learning:
    3. AVAids:
    4. Listofmannequins

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No** | **Mannequinusefulfor** | **Available(Yes/No)** |
| 1 | Firstaid,Bandaging,splintingBasicLifeSupport(BLS) |  |
| 2 | CPR(CardioPulmonary Resuscitation) |  |
| 3 | Varioustypesofinjections-Subcutaneous, Intra-muscular, Intra-venous |  |
| 4 | UrineCatheter insertion |  |
| 5 | Skin&Fasciasuturing |  |
| 6 | Breastexamination |  |
| 7 | GynecologicalexaminationincludingIUCD |  |
| 8 | ObstetricsmannequinsincludingObstetricexamination, conduct and management of vaginal delivery. |  |
| 9 | Neonatal&Pediatricresuscitation |  |
| 10 | Wholebodymannequins |  |
| 11 | Traumamanagement |  |

* 1. **HostelFacility:**

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Hostel** | **Details** |
| 1 | **UGstudentBoys** |  |
| a | NumberofRoomswithNumberofoccupantsperRoom |  |
| b | Totalcapacity |  |
| c | NameofWarden/Rector |  |
| 2 | **UGStudentGirls** |  |
| a | NumberofRoomswithNumberofoccupantsperRoom |  |
| b | Totalcapacity |  |
| c | NameofWarden/Rector |  |
| **3** | **InternHostel** |  |
| a | NumberofRoomswithNumberofoccupantsperRoom |  |
| b | Totalcapacity |  |
| 4 | **ResidentHostel** |  |
| a | NumberofRoomswithNumberofoccupantsperRoom |  |
| b | Totalcapacity |  |

* 1. **DepartmentwiseFacilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **DepartmentwiseParticulars** | **Available** |
| 1 | **Anatomy** |  |
|  | Dissectionhall | Available |
| Numberofcadaversavailable | 2222 |
|  | Accommodationforstaff | Available |
| 2 | **Physiology** |  |
|  | Accommodationforstaff |  |
| 3 | **Biochemistry** |  |
|  | Accommodationforstaff |  |
| 4 | **Pathology** |  |
|  | Service laboratory each for histopathology, cytopathology, Hematology and other specialized work of the Hospital |  |
|  | Accommodationforstaff |  |
| 5 | **Microbiology** |  |
|  | Service laboratory each for (a)Bacteriologyincludinganaerobic bacteria;(b)Serology; (c)Virology;(d)Parasitology;(e)Mycology;(f) Tuberculosis; and (g)Immunology. |  |
|  | Mediapreparationandstorage |  |
|  | BSL-2virologylab |  |
| (aspere-gazetteNo.MCI-34(41)/2020-Med./103234notifiedon  3.6.2020) |
|  | Accommodationforstaff |  |
| 6 | **Pharmacology** |  |
|  | Animalholdingarea |  |
|  | Accommodationforstaff |  |
| 7 | **FMT** |  |
|  | Postmortem/Autopsy Block (approx.400 sq. M. area)with facilities for cold storage for cadavers, ante-rooms, washing facilities, with an accommodation capacity of 20-25 students, waiting hall, office etc). |  |
|  | MoU withGovernment/district hospital, ifpostmortem examination notpermitted |  |
|  | Accommodationforstaff |  |
| 8 | **CommunityMedicine** |  |
| a | Accommodationforstaff |  |
| b | **RHTCName** |  |
|  | Government/Private |  |
|  | Distancefromcollege |  |
|  | Messandhostelfacilityat |  |
|  | Transportfacility |  |
| c | **UHTCName** |  |
|  | Distancefromcollege |  |

* 1. **OtherFacilities:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **Available** |
| 1 | CentralPhotographicSection |  |
| 2 | CentralWorkshop |  |
| 3 | Cafeteria |  |
| 4 | WasteManagement |  |
| 5 | MedicalEducationUnit |  |
| 6 | ResearchCell/Society |  |
| 7 | IntercomNetwork |  |
| 8 | PlaygroundP.T.TeacherorInstructor |  |
| 9 | Commonroomsforboys |  |
| 10 | Commonroomforgirls |  |
| 11 | CentralIncinerationPlant/Hospital |  |
| 12 | Facilityforindoorgames |  |
| 13 | Gymnasium |  |
| 14 | IsthereanyLMSavailable |  |
| 15 | StrongRoomforExamination |  |
| 16 | Guesthousefacility |  |

* 1. **ResidentialquarterfacilityforStaff:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Particulars** | **NumberAvailable** |
| 1 | Teachingstaff |  |
| 2 | Non-teachingstaff |  |
| 3 | Nursingstaff |  |

* 1. **AvailabilityvariousFunctionalCommittees:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Committee** | **Available(Yes/No)** |
| 1 | VISHAKA(SexualHarassmentRedressal)Committee |  |
| 2 | AntiRaggingCommittee |  |
| 3 | Pharmaco-vigilencecommittee |  |
| 4 | Institutional Ethics Committee(Whether itisregistered with CDCSO) |  |

* 1. **UtilizationofStudentWelfareSchemes:**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Scheme** | **Numberofbeneficiariesinlastyear** |
| a | EarnandLearnScheme |  |
| b | DhanwantriVidyadhanScheme |  |
| c | SanjivaniStudentSafetyScheme |  |
| d | StudentSafetyScheme |  |
| e | BookBankScheme |  |
| f | SavitribaiPhuleVidyadhanScheme |  |
| g | BahishalShikshanMandalScheme |  |
| h | If,anyotherScheme |  |

* 1. **Participation of students in various MUHS State level Sports, Cultural and ResearchActivities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **Name of the student** | **Event** | **Award,ifany** |
| a | Vedant Raskar | MUHS Avishkar | .. |
| b |  |  |  |
| c |  |  |  |
| d |  |  |  |
| e |  |  |  |
| f |  |  |  |
| g |  |  |  |
| h |  |  |  |

* 1. **AcademicOnlineTeacherDatabase:**

|  |  |  |
| --- | --- | --- |
| 1) | NameofCo-ordinator |  |
|  | Teaching/Non-Teaching:- |  |
|  | MobileNo:- |  |
|  | Emailid:- |  |
| 2) | OTDlastupdatedon(date) |  |

* 1. **Publications in Index Journals in lastyear**:(Attachseparatelistinfollowing format) (Pleasedo not repeat publication details forsamepublicationwithmultiple authors from same institute)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Title** | **Authors**  **from the**  **institute** | **Departmentsof authors** | **Journal details** | **Journal indexed**  **With which indexing agency** |
| 1 | Analysing the Frontal Sinus Outflow Pathway: A Radiological and Anatomical Study | SPandhare, V Paranjape,S | Anatomy | Research journal of Medical Sciences | Embase, Scopus |
| 2 | Sex determination from proximal end of the tibia amongMaharashtra population | Pandhare S, Gaikwad A, V Paranjape | Anatomy | GLOBAL JOURNAL FOR RESEARCH ANALYSIS | Medline, ncbl, pubmed |
| 3 | A morphometric study to demonstrate the differences betweenA male and female sacrum based on the measurements of adult Human sacra. | Pratima B. Ahire, Swati R. Pandhare | Anatomy | Journal of Cardiovascular Disease Research | Embase, Scopus |
| 4 | Analysis of mandibular Foramen in dry human mandible to augment inferior alveolar nerve block | Mahesh Taru | Anatomy | Medical Journal Of Western India | Scopus |
| 5 | Efficasy of various sacral indices in identifying the sex of an adult human sacra: a comprehensive study | Pratima B. Ahire | Anatomy | International journal of academic Medicine & Pharmacy | Embase |

* 1. **AttendanceofteachersismonitoredbyBiometrics**: Yes/No

(Pleaseattachprintoutsofbiometricattendance ofatleast05random datedoverpast06 months)

* 1. **TeachingStaff:**

NameoftheDepartment:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **NameoftheTeacher** | **Designation** | **MUHSApproved Designation** |
| 1 | Dr. Anjana Gaikwad | Professor & Head | Professor |
| 2 | Dr.Shrikant Ananda Rokade | Assoc Professor | Assoc Professor |
| 3 | Dr.Vaishali Mohan Paranjape | Assoc Professor | Assoc Professor |
| 4 | Dr.Rajashree Sheelawant Raut | Assoc Professor | Assoc Professor |
| 5 | Dr.Mahesh Shivaji Taru | Assoc Professor | Assoc Professor |
| 6 | Dr.Swati Ramakant Pandhare | Assoc Professor | Assoc Professor |
| 7 | Dr.Reshma Mahesh Shinde | Assistant Professor | Assistant Professor |
| 8 | Dr. Pratima Bhagwan Ahire | Assistant Professor | Assistant Professor |
| 9 | Dr.Sonali Bhimrao Kankhare | Assistant Professor | Assistant Professor |
| 10 | Dr. Yogesh Shridhar Ganorkar | Assistant Professor | Assistant Professor |

* 1. **Conference/Workshop/CMEActivitiesorganizedinlastyear:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.**  **No.** | **Conference / Workshop/CME Activities** | **Dates** | **MMCCredit points** | **Local/State/ National /**  **International level?** | **Organizing department** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |